

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

GARDEN STATE ACADEMY CHARTER SCHOOL

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County BURLINGTONDistrict of Residence N/A

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence WILLINGBORO TWP, BURLINGTON TWP, BURLINGTON CITY, FLORENCE TWP

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name EDIZ BATMAZAddress 4050 Harbour driveCity PalmyraState NJ Zip 08065Telephone (1) (919) 601-2068Fax (609) 543-6018Telephone (2) (856) 342-5202Email ebatmaz@gmail.com

CHARTER SCHOOL INFORMATION

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Check box if requesting a planning year during the 2007-2008 school year.

List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Student Ratio
Year 1 2007-2008	6-8	216	# Teachers <u>14</u> # Inst. Aides <u>3</u>	15:1
Year 2 2008-2009	6-9	264	# Teachers <u>18</u> # Inst. Aides <u>5</u>	15:1
Year 3 2009-2010	6-10	312	# Teachers <u>22</u> # Inst. Aides <u>6</u>	14:1
Year 4 2010-2011	6-11	360	# Teachers <u>25</u> # Inst. Aides <u>7</u>	14:1

Signature (Charter School Applicant Representative)

07/17/2007
Date

Charter school Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

The Camden Boys Academy Charter School

Complete Proper Name of Charter school

(Include the words Charter school in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County: Camden

District of Residence: Camden City Public Schools

NOTE: If planning to serve a **region of residence**, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Tracy Powell

Address 82 Ablett Village

City Camden

State NJ

Zip 08102

Telephone (1) _____

Fax _____

Telephone (2) _____

Email _____

CHARTER SCHOOL INFORMATION

☐

Check box if requesting a planning year during the 2007-2008 school year. List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to- Student Ratio
Year 1 2007-2008	K-8	612	# Teachers <u>32</u> # Inst. Aides <u>6</u>	Average: 1:22
Year 2 2008-2009	K-8	612	# Teachers <u>32</u> # Inst. Aides <u>6</u>	Average: 1:22
Year 3 2009-2010	K-8	612	# Teachers <u>32</u> # Inst. Aides <u>6</u>	Average: 1:22
Year 4 2010-2011	K-8	612	# Teachers <u>32</u> # Inst. Aides <u>6</u>	Average: 1:22

Signature (Charter school Applicant Representative)

Date

2006 GRADE LEVEL SUMMARY FOR SCHOOLS NOT REQUESTING A PLANNING YEAR

Charter school Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

The Camden Career Education Charter school

Complete Proper Name of Charter school

(Include the words Charter school in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County: Camden

District of Residence: Camden City Public Schools

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Doreen Boyd

Address 1458 Ephraim Avenue

City Camden

State NJ Zip 08103

Telephone (1) 856-963-1515

Fax _____

Telephone (2) _____

Email _____

CHARTER SCHOOL INFORMATION

☐

Check box if requesting a planning year during the 2007-2008 school year. List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to- Student Ratio
Year 1 2007-2008	K-8	612	# Teachers <u>33</u> # Inst. Aides <u>6</u>	Average: 1:22
Year 2 2008-2009	K-8	612	# Teachers <u>33</u> # Inst. Aides <u>6</u>	Average: 1:22
Year 3 2009-2010	K-8	612	# Teachers <u>33</u> # Inst. Aides <u>6</u>	Average: 1:22
Year 4 2010-2011	K-8	612	# Teachers <u>33</u> # Inst. Aides <u>6</u>	Average: 1:22

Doreen Boyd
Signature (Charter school Applicant Representative)

7-14-06
Date

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2006 NEW JERSEY CHARTER SCHOOL APPLICATION DUE JULY 17, 2006

Charter School Application WITH a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school

Camden CompuTech Charter High School (CCCHS)

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Camden

District of Residence Camden City

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name	<u>Alphonse A. Sorichetti</u>			
Address	<u>158 Briarwood Road</u>			
City	<u>Mt. Laurel</u>	State	<u>NJ</u>	Zip <u>08054</u>
Telephone (1)	<u>856-234-0438</u>	Fax	<u>856-222-1446</u>	
Telephone (2)	<u>267-235-0847</u>	Email	<u>asorichett@aol.com</u>	

CHARTER SCHOOL INFORMATION

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher-to-Student Ratio
Year 1 2008-2009	9 - 10	400	# Teachers <u>16</u> # Inst. Aides <u>4</u>	25 to 1
Year 2 2009-2010	9 - 11	600	# Teachers <u>24</u> # Inst. Aides <u>6</u>	25 to 1
Year 3 2010-2011	9 - 12	800	# Teachers <u>32</u> # Inst. Aides	25 to 1

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Charter school Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

The Camden Environmental Charter school

Complete Proper Name of Charter school

(Include the words Charter school in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County: Camden

District of Residence: Camden City Public Schools

NOTE: If planning to serve a **region of residence**, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Pamela A. Robb

Address 500 North 7th - Apt 1306

City Camden

State NJ

Zip 08102

Telephone (1) 800-917-1408

Fax _____

Telephone (2) _____

Email _____

CHARTER SCHOOL INFORMATION

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Check box if requesting a planning year during the 2007-2008 school year.
List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to- Student Ratio
Year 1 2007-2008	K-8	612	# Teachers <u>33</u> # Inst. Aides <u>6</u>	Average: 1:22
Year 2 2008-2009	K-8	612	# Teachers <u>33</u> # Inst. Aides <u>6</u>	Average: 1:22
Year 3 2009-2010	K-8	612	# Teachers <u>33</u> # Inst. Aides <u>6</u>	Average: 1:22
Year 4 2010-2011	K-8	612	# Teachers <u>33</u> # Inst. Aides <u>6</u>	Average: 1:22

Pamela A. Robb
Signature (Charter school Applicant Representative)

7-14-06
Date

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2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Camden's Pride Charter School

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Camden

District of Residence Camden

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Rebecca Brinkmann

Address 416 Wychwood Rd

City Westfield State NJ Zip 07096

Telephone (1) (908)377-5321 Fax (856) 365-1005

Telephone (2) (856) 365-1000 ext 101 Email beckybrinkmann@yahoo.com

CHARTER SCHOOL INFORMATION

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher-to-Student Ratio
Year 1 2008-2009	K,1	84	# Teachers <u>8</u> # Inst. Aides _____	1:11
Year 2 2009-2010	K,1,2	126	# Teachers <u>11</u> # Inst. Aides _____	1:12
Year 3 2010-2011	K,1,2,3	168	# Teachers <u>15</u> # Inst. Aides _____	1:12
Year 4 2011-2012	K,1,2,3,4	210	# Teachers <u>18</u> # Inst. Aides _____	1:12

Rebecca Brinkmann

Signature (Charter School Applicant Representative)

7/17/06
Date

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L. King Preparatory Charter School
2006 Application Summary and Grade Level Summary

Charter School Application WITH a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

L. KING PREPARATORY CHARTER SCHOOL

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County: Camden

District of Residence: Pennsauken

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence:

Camden City, Pennsauken, Cherry Hill, Willingboro

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name: Elmyra E. Randall

Address: 415 Egg Harbor Rd, Suite 15 PMB 101

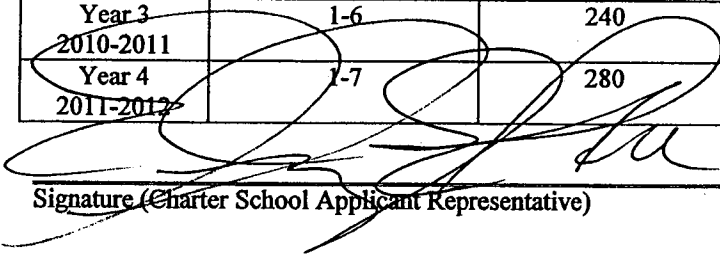
City: Sewell State: NJ Zip: 08080

Telephone (1) 609-505-5579 Fax: 856-256-1583

Telephone (2) 856-256-8551 Email: re100168@aol.com

CHARTER SCHOOL INFORMATION

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher-to-Student Ratio
Year 1 2008-2009	1-4	160	# Teachers 11.5 # Inst. Aides 0	1:20
Year 2 2009-2010	1-5	200	# Teachers 14 # Inst. Aides 1	1:20
Year 3 2010-2011	1-6	240	# Teachers 16 # Inst. Aides 1	1:20
Year 4 2011-2012	1-7	280	# Teachers 20 # Inst. Aides 1	1:20


Signature (Charter School Applicant Representative)

7-14-06
Date

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Charter School Application WITH a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Oasis of Excellence Charter School Complete Proper Name of Charter School

LOCATION OF CHARTER SCHOOL

County Camden County

District of Residence Lindenwold

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence Lindenwold, Pine Hill, Clementon

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Veronica Boone Gbesi

Address 35 Tall Oaks Drive

City Clementon

State New Jersey

Zip 08021

Telephone (1) 856 374-2924

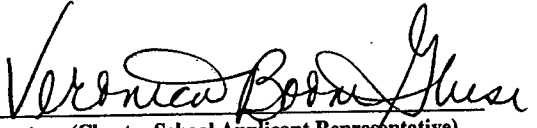
Fax none

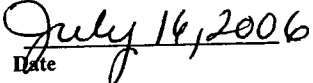
Telephone (2) 856 745-5240

Email myangeltea@hotmail.com

CHARTER SCHOOL INFORMATION

Operational Year	Grade Level Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher-to-Student Ratio
Year 1 2008-2009	K-2	120	# Teachers <u>6</u> # Inst. Aides <u>2</u>	20:1
Year 2 2009-2010	K-3	160	# Teachers <u>8</u> # Inst. Aides <u>3</u>	20:1
Year 3 2010-2011	K-4	200	Teachers <u>10</u> # Inst. Aides <u>4</u>	20:1
Year 4 2011-2012	K-4	200	# Teachers <u>10</u> # Inst. Aides <u>5</u>	20:1


Signature (Charter School Applicant Representative)


Date

**Winslow Township Public Charter School
2006 Charter School Application**

Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

Winslow Township Public Charter School
Complete Proper Name of Charter School

LOCATION OF CHARTER SCHOOL

County Camden

District of Residence Winslow Township

Districts in Region of Residence Not Applicable

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Dr. Angela M. Davenport

Address 511 4th Street

City Ocean City State NJ Zip 08226

Telephone (1) 609-399-9083 Fax 609-399-6682

Telephone (2) 609-226-0961 Email preferredfutures@prodigy.net

CHARTER SCHOOL INFORMATION

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Check box if requesting a planning year during the 2007-2008 school year.

List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Serves	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Students Ratio
Year 1 2007-2008	Pre-K - 2	320	# TeacheRs 20 # Inst. Aides 8	11 to 1
Year 2 2008-2009	Pre-K - 3	420	# Teachers 25 # Inst. Aides 9	12 to 1
Year 3 2009-2010	Pre-K - 4	520	# Teacher 30 # Inst. Aides 10	13 to 1
Year 4 2010-2011	Pre-K - 5	620	# Teachers 35 # Inst. Aides 11	13 to 1

Angela M. Davenport
Signature (Charter School Applicant Representative)

7/15/06
Date

2006 NEW JERSEY CHARTER SCHOOL APPLICATION
DUE JULY 17, 2006

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Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

COMPACT Charter High School

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County _____ Cape May County

District of Residence _____ Middle Township

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____ Upper Township, Ocean City, Dennis Township
 _____ Middle Township, North Wildwood, Wildwood, and Lower Township

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name _____ Wayne C. Newell
 Address _____ 10 E. Katharine Avenue
 City _____ Ocean View State _____ N.J. Zip _____ 08230
 Telephone (1) _____ 609-390-1829 Fax _____ 609-463-1986
 Telephone (2) _____ 609-463-1985 Email _____ cchs07@verizon.net

CHARTER SCHOOL INFORMATION

☐ Check box if requesting a planning year during the 2007-2008 school year.
 List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Student Ratio
Year 1 2007-2008	10, 11, 12	85	# Teachers <u>8</u> # Inst. Aides <u>0</u>	10 to 1
Year 2 2008-2009	10, 11, 12	85	# Teachers <u>8</u> # Inst. Aides <u>0</u>	10 to 1
Year 3 2009-2010	10, 11, 12	85	# Teachers <u>8</u> # Inst. Aides <u>0</u>	10 to 1
Year 4 2010-2011	10, 11, 12	85	# Teachers <u>8</u> # Inst. Aides <u>0</u>	10 to 1

Signature (Charter School Applicant Representative) _____

7/12/06
 Date

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Vineland Public Charter School 2006 Charter School Application

Charter School Application WITHOUT a Planning Year

2. APPLICATION SUMMARY

Vineland Public Charter School
Complete Proper Name of Charter School

LOCATION OF CHARTER SCHOOL

County _____ Cumberland _____

District of Residence _____ Vineland _____

Districts in Region of Residence _____ Not Applicable _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Dr. Ann Garcia
Address 1306 Mallard Lane
City Millville State NJ Zip 08332
Telephone (1) 856-534-0495 Fax 856-327-2580
Telephone (2) _____ Email _____

CHARTER SCHOOL INFORMATION

☐

Check box if requesting a planning year during the 2007-2008 school year.

List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Serves	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Students Ratio
Year 1 2007-2008	Pre-K – 2	360	# Teachers 24 # Inst. Aides 10	10 to 1
Year 2 2008-2009	Pre-K – 3	460	# Teachers 27 # Inst. Aides 11	12 to 1
Year 3 2009-2010	Pre-K – 4	560	# Teachers 30 # Inst. Aides 12	13 to 1
Year 4 2010-2011	Pre-K – 5	660	# Teachers 33 # Inst. Aides 13	14 to 1

Signature (Charter School Applicant Representative)

Date

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The Burch Charter School of Excellence

2006 Application Summary

Charter School Application WITH a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

The Burch Charter School of Excellence

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Essex

District of Residence Irvington

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence N/A

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Veronica Ray

Address 303 Washington Street, Third Floor

City Newark

Telephone (1) 973-643-0300

Telephone (2) _____

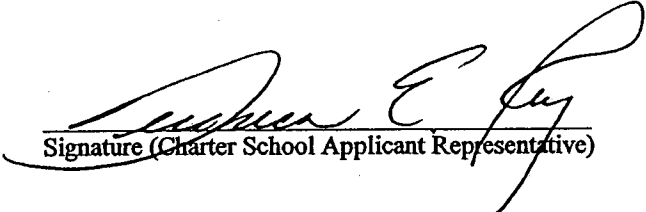
State NJ Zip 07102

Fax 973-624-1265

Email leag281V@aol.com

CHARTER SCHOOL INFORMATION

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher-to-Student Ratio
Year 1 2008-2009	K-1	108	# Teachers <u>6</u> # Inst. Aides <u>3</u>	1 - 18
Year 2 2009-2010	K-2	162	# Teachers <u>9</u> # Inst. Aides <u>2</u>	1 - 18
Year 3 2010-2011	K-3	216	# Teachers <u>12</u> # Inst. Aides <u>2</u>	1 - 18
Year 4 2011-2012	K-4	270	# Teachers <u>15</u> # Inst. Aides <u>2</u>	1 - 18


Signature (Charter School Applicant Representative)

July 14, 2006

Date

Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Children's Charter School of NewarkComplete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Essex

District of Residence Newark, NJ

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Zeribe Ezeanuna

Address 1249 Shetland Drive

City Union State NJ Zip 07108

Telephone (1) 908-247-5975 Fax 973-286-0036

Telephone (2) 908-247-6459 Email zeribe@yahoo.com

CHARTER SCHOOL INFORMATION

Check box if requesting a planning year during the 2006-2007 school year. List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Teacher (only) -to- Student Ratio
1	K- 2	180	# Teachers <u>12</u> # Inst. Aides <u>8</u>	1:15
2	K- 3	240	# Teachers <u>16</u> # Inst. Aides <u>12</u>	1:15
3	K- 4	300	# Teachers <u>20</u> # Inst. Aides <u>16</u>	1:15
4	K- 4	300	# Teachers <u>20</u> # Inst. Aides <u>16</u>	1:15

Signature (Charter School Applicant Representative)

Date

Cooper Beech Tree Charter School
Grade Level Summary

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2006 NEW JERSEY CHARTER SCHOOL APPLICATION DUE JULY 17, 2006

Charter School Application WITH a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Cooper Beech Tree Charter School

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Essex and Union

District of Residence

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence:

Maplewood/South Orange, Millburn, Springfield, Union

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Simone Miller

Address 35 Skylark Road

City Springfield State NJ Zip 07081

Telephone (1) 908-608-0679 Fax

Telephone (2) _____ Email simonemiller@verizon.net

CHARTER SCHOOL INFORMATION

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher-to-Student Ratio
Year 1 2008-2009	K-5	89	# Teachers: 10 # Inst. Aides: 1	1:9
Year 2 2009-2010	K-6	107	# Teachers: 11 # Inst. Aides: 1	1:15
Year 3 2010-2011	K-7	153	# Teachers: 13 # Inst. Aides: 2	1:15
Year 4 2011-2012	K-8	174	# Teachers: 14 # Inst. Aides: 2	1:15

Simone Miller

July 14 2006

Signature (Charter School Applicant Representative) Date

Charter School Application WITH a Planning Year

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2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Global Experience Charter School

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County **Essex County**

District of Residence **South Orange- Maplewood**

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Marjorie Lloyd-Waluye
Address Four Northview Terrace
City Maplewood State New Jersey Zip 07040
Telephone (1) 973 -761 1512 Fax 973 762 1980
Telephone (2) 973- 761 1512 Email SOMECS@Comcast.net

CHARTER SCHOOL INFORMATION

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher-to-Student Ratio
Year 1 2008-2009	10	90	# Teachers 4.8 # Inst. Aides	1:18
Year 2 2009-2010	10,11	180	# Teachers 8.6 # Inst. Aides	1:20
Year 3 2010-2011	10,11,12	270	# Teachers 15 # Inst. Aides	1:20
Year 4 2011-2012	10,11,12	270	# Teachers 15 # Inst. Aides	1:20

Signature (Charter School Applicant Representative)

Date

Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

NEWARK ACADEMY HIGH CHARTER SCHOOL

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County: ESSEXDistrict of Residence: NEWARK

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence: N/A

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name: MESUT SAHINAddress: 712 Bloomfield Ave.City: Clifton State: NJ Zip: 07012Telephone (1): (862) 262-3940Fax: (973) 596-5222Telephone (2): (973) 596-5573Email: sahin@njit.edu

CHARTER SCHOOL INFORMATION

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Check box if requesting a planning year during the 2007-2008 school year.

List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to- Student Ratio
Year 1 2007-2008	7-9	200	# Teachers <u>14</u> # Inst. Aides <u>2</u>	14
Year 2 2008-2009	7-10	275	# Teachers <u>20</u> # Inst. Aides <u>2</u>	14
Year 3 2009-2010	7-11	350	# Teachers <u>25</u> # Inst. Aides <u>3</u>	14
Year 4 2010-2011	7-12	425	# Teachers <u>30</u> # Inst. Aides <u>3</u>	14

Signature (Charter School Applicant Representative)

07/16/06
Date

QUEST FOR KNOWLEDGE CHARTER SCHOOL

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Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

QUEST FOR KNOWLEDGE CHARTER SCHOOL

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County ESSEX COUNTY

District of Residence IRVINGTON

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence NOT APPLICABLE

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name James Durante, Ed.D.

Address 12 Frederick Place

City Cedar Knolls State NJ Zip 07927

Telephone (1) 973-451-0157 Fax -----

Telephone (2) 201-826-2118 Cell Email Jdurante55@optonline.net

CHARTER SCHOOL INFORMATION

☐ Check box if requesting a planning year during the 2007-2008 school year.
List information below for the school years that the charter school will be serving pupils.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Pupil Ratio
Year 1 2007-2008	K-2	216	# Teachers <u>12</u> # Inst. Aides <u>12</u>	1/18
Year 2 2008-2009	K-3	288	# Teachers <u>16</u> # Inst. Aides <u>14</u>	1/18
Year 3 2009-2010	K-4	360	# Teachers <u>20</u> # Inst. Aides <u>16</u>	1/18
Year 4 2010-2011	K-4	360	# Teachers <u>20</u> # Inst. Aides <u>16</u>	1/18

Signature (Charter School Applicant Representative)

Date 7/17/07

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PRIDE ACADEMY CHARTER SCHOOL 2006 APPLICATION AND GRADE LEVEL SUMMARY
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Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Pride Academy Charter School

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County: Essex County

District of Residence: Not Applicable

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence: Orange, East Orange, and Newark, NJ

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Amanda Hayes

Address 234 Woodside Avenue

City Newark

Telephone (1) 201-736-7275

Telephone (2) Not Applicable

State New Jersey Zip 07104

Fax Not Applicable

Email achayes6@hotmail.com

CHARTER SCHOOL INFORMATION

☐ Check box if requesting a planning year during the 2007-2008 school year.
List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to- Student Ratio
Year 1 2007-2008	5-8	240	# Teachers <u>23</u> # Inst. Aides <u>2</u>	9.6-1
Year 2 2008-2009	5-8	240	# Teachers <u>23</u> # Inst. Aides <u>2</u>	9.6-1
Year 3 2009-2010	5-8	240	# Teachers <u>23</u> # Inst. Aides <u>2</u>	9.6-1
Year 4 2010-2011	5-8	240	# Teachers <u>23</u> # Inst. Aides <u>2</u>	9.6-1

Amanda Hayes
Signature (Charter School Applicant Representative)

July 13th 2006
Date

Charter School Application WITH a Planning Year

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2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Capital Preparatory Charter High School

LOCATION OF CHARTER SCHOOL

County Mercer

NOTE: If planning to serve a **region of residence**, identify the contiguous districts that comprise the region.

Districts in Region of Residence Ewing Township and City of Trenton

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Ms Jessie Tossie
Address 75 Bryn Mawr Ave
City Trenton State NJ Zip 00818
Telephone (1) 609-394-1854 Fax _____
Telephone (2) _____ Email _____

CHARTER SCHOOL INFORMATION

☐ Check box if requesting a planning year during the 2007-2008 school year. List information below for the school years that the charter school will be serving students

Operational Year	Grade Levels	Projected Enrollment (TOTAL)	Teachers and Instructional	Classroom -to-Student
Year I 2008-2009	9 and 10	200	# Teachers 15 # Inst. Aides 2	13
Year 2 2009-2010	9,10 and 11	300	# Teachers 20 # Inst. Aides 3	15
Year 3 2010-2011	9,10,11 and 12	400	# Teachers 25 # Inst. Aides 4	15
Year 4 2011-2012	9,10,11 and 12	400	# Teachers 25 # Inst Aides 4	15

Jessie C. Tossie Date 7-12-06
Signature (Charter School Applicant Representative)

Charter School Application WITH a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Learning is Everybody's Business Charter School (LIEB CS)

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Mercer

District of Residence _____

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence: Trenton, New Jersey and Ewing, New Jersey

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Andrea Louise Jones Schutz

Address 28 Morgan Place

City Princeton State NJ Zip 08540

Telephone (1) 609-921-6373 Fax _____

Telephone (2) _____

Email aschutz746@aol.com

CHARTER SCHOOL INFORMATION

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher-to-Student Ratio
Year 1 2008-2009	1, 2	105	# Teachers 6 # Inst. Aides 3	17.5:1
Year 2 2009-2010	1, 2, 3	165	# Teachers 10 # Inst. Aides 3	16.5:1
Year 3 2010-2011	K, 1, 2, 3, 4	270	# Teachers 13 # Inst. Aides 6	20.7:1
Year 4 2011-2012	K, 1, 2, 3, 4, 5	330	# Teachers 16 # Inst. Aides 6	20.6:1

Signature (Charter School Applicant Representative) _____

_____ Date

Planning Year – No students

Year 1 - Grade 1 – 15:1; Grade 2 – 20:1

Year 2 - Grade 1 – 15:1; Grade 2 – 20:1; Grade 3 – 20:1

Year 3 - Kindergarten – 15:1; Grade 1 – 15:1; Grade 2 – 20:1; Grade 3 – 20:1; Grade 4 – 20:1

Year 4 - Kindergarten – 15:1; Grade 1 – 15:1; Grade 2 – 20:1; Grade 3 – 20:1; Grade 4 – 20:1

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2006 NEW JERSEY CHARTER SCHOOL APPLICATION
DUE JULY 17, 2006

Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

_____ Mercer Arts Charter High School _____

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Mercer _____

District of Residence _____ Located in West Windsor – Plainsboro

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____ Princeton Regional, Lawrence Twp,
Hopewell Valley Regional, West Windsor-Plainsboro Regional, Trenton City, Ewing Twp

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Barabara Taylor _____
Address 207 Laurel Circle _____
City Princeton _____ State NJ Zip 08540 _____
Telephone (1) 609-921-7698 _____ Fax 609-921-0563 _____
Telephone (2) 609-218-4816 _____ Email BARB4125@aol.com

CHARTER SCHOOL INFORMATION

☐ Check box if requesting a planning year during the 2007-2008 school year.
List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Student Ratio
Year 1 2007-2008	9 - 10	300	# Teachers <u>16</u> # Inst. Aides <u>6</u>	18.75:1
Year 2 2008-2009	9 - 11	450	# Teachers <u>24</u> # Inst. Aides <u>9</u>	18.75:1
Year 3 2009-2010	9 - 12	600	# Teachers <u>32</u> # Inst. Aides <u>12</u>	18.75:1
Year 4 2010-2011	9 - 12	600	# Teachers <u>32</u> # Inst. Aides <u>12</u>	18.75:1

Barbara Taylor
Signature (Charter School Applicant Representative)

7/17/06
Date

2006 NEW JERSEY CHARTER SCHOOL APPLICATION
DUE JULY 17, 2006

Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Paul Robeson Charter School for the Humanities

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Mercer

District of Residence _____

NOTE: If planning to serve a **region of residence**, identify the contiguous districts that comprise the region.

Districts in Region of Residence Trenton, Ewing

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Barbara M. Gaeta
 Address 104 LaBarre Ave.
 City Trenton State NJ Zip 08618
 Telephone (1) (609) 947-2395 Fax (609) 989-0961
 Telephone (2) (609) 989-8480 Email BarbaraGaeta@msn.com

CHARTER SCHOOL INFORMATION

☐ Check box if requesting a planning year during the 2007-2008 school year.
 List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Student Ratio
Year 1 2007-2008	4,5,6	180	# Teachers <u>17</u> # Inst. Aides <u>5</u>	1:11
Year 2 2008-2009	4,5,6,7	240	# Teachers <u>26</u> # Inst. Aides <u>6</u>	1:14
Year 3 2009-2010	4,5,6,7,8	300	# Teachers <u>35</u> # Inst. Aides <u>7</u>	1:14
Year 4 2010-2011	4,5,6,7,8	300	# Teachers <u>35</u> # Inst. Aides <u>7</u>	1:14

Barbara M. Gaeta
 Signature (Charter School Applicant Representative)

7/17/06
 Date

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2006 NEW JERSEY CHARTER SCHOOL APPLICATION
DUE JULY 17, 2006

Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

River City Charter School

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Mercer

District of Residence Trenton

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Lisa M. Kasabach

Address 241 Mercer Street

City Trenton

State NJ Zip 08611

Telephone (1) 609-394-8018

Fax _____

Telephone (2) 609-638-3603

Email LKASABACH@AOL.COM

CHARTER SCHOOL INFORMATION

☐ Check box if requesting a planning year during the 2007-2008 school year.
 List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Student Ratio
Year 1 2007-2008	K-3	68	# Teachers <u>4</u> # Inst. Aides <u>2</u>	1:17
Year 2 2008-2009	K-4	85	# Teachers <u>5</u> # Inst. Aides <u>2</u>	1:17
Year 3 2009-2010	K-5	102	# Teachers <u>6</u> # Inst. Aides <u>3</u>	1:17
Year 4 2010-2011	K-6	119	# Teachers <u>7</u> # Inst. Aides <u>4</u>	1:17

Lisa M. Kasabach
 Signature (Charter School Applicant Representative)

7/16/06
 Date

Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Advanced Math and Science Charter School

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Middlesex

District of Residence _____

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence East Brunswick, North Brunswick, New Brunswick, Old Bridge

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Anatoly Rakovsky

Address 23 Morsell Pl

City Old Bridge

State NJ Zip 08857

Telephone (1) 732 313 6141

Fax 732 313 6141

Telephone (2) 646 2706258

Email amsschool@yahoo.com

CHARTER SCHOOL INFORMATION

Check box if requesting a planning year during the 2007-2008 school year.
List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to- Student Ratio
Year 1 2007-2008	6,7	120	# Teachers <u>8FT, 2PT</u> # Inst. Aides <u>2</u>	1:13
Year 2 2008-2009	6-8	180	# Teachers <u>12FT</u> # Inst. Aides <u>3</u>	1:17
Year 3 2009-2010	6-9	240	# Teachers <u>14FT</u> # Inst. Aides <u>4</u>	1:17
Year 4 2010-2011	6-10	300	# Teachers <u>17FT</u> # Inst. Aides <u>5</u>	1:17

Signature (Charter School Applicant Representative) [Signature]

Date 07.17.06

Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Community Charter School of Paterson

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Passaic

District of Residence Paterson

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Robert F. Guarasci

Address 32 Spruce Street

City Paterson State NJ Zip 07501

Telephone (1) 973-413-1600 Fax 973-413-1640

Telephone (2) _____ Email rguarasci@njcdc.org

CHARTER SCHOOL INFORMATION

☐

Check box if requesting a planning year during the 2007-2008 school year.
List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Teacher (only) -to-Student Ratio
1	K-3	400	# Teachers <u>24</u> # Inst. Aides <u>9</u>	1:16.6
2	K-4	500	# Teachers <u>30</u> # Inst. Aides <u>10</u>	1:16.6
3	K-4	500	# Teachers <u>30</u> # Inst. Aides <u>10</u>	1:16.6
4	K-4	500	# Teachers <u>30</u> # Inst. Aides <u>10</u>	1:16.6

Robert Guarasci
Signature (Charter School Applicant Representative)

7/13/06
Date

Charter School Application WITHOUT a Planning Year**2006 APPLICATION SUMMARY**

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

____ Near Eastern And Engineering Charter School _____

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County _____ Passaic _____

District of Residence _____ Paterson _____

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name _____ Raed Dandan _____
 Address _____ 64 Linda Vista Ave _____
 City _____ North Haledon _____ State _____ NJ _____ Zip _____ 07508 _____
 Telephone (1) _____ 973-417-6432 _____ Fax _____
 Telephone (2) _____ Email _____ iefnj@aol.com _____

CHARTER SCHOOL INFORMATION

☐ Check box if requesting a planning year during the 2007-2008 school year.
 List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Student Ratio
Year 1 2007-2008	9 th 10 th 11 th	220	# Teachers <u>28</u> # Inst. Aides <u>3</u>	1:7.86
Year 2 2008-2009	9 th 10 th 11 th 12 th	320	# Teachers <u>28</u> # Inst. Aides <u>3</u>	1:11.43
Year 3 2009-2010	9 th 10 th 11 th 12 th	400	# Teachers <u>28</u> # Inst. Aides <u>3</u>	1:14.29
Year 4 2010-2011	9 th 10 th 11 th 12 th	400	# Teachers <u>28</u> # Inst. Aides <u>3</u>	1:14.29

Raed Dandan
 Signature (Charter School Applicant Representative)

7.17.06
 Date

Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Paterson Lights Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County Passaic

District of Residence Paterson

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence _____

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name Mark Culliton

Address 1661 Worcester Rd.

City Framingham

State MA Zip 01701

Telephone (1) 508.626.0901 x22

Fax 508.626.0905

Telephone (2) 508.561.0727

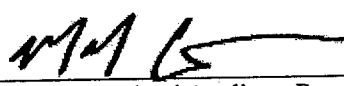
Email mculliton@lighthouse-academies.org

CHARTER SCHOOL INFORMATION

☐

Check box if requesting a planning year during the 2007-2008 school year.
List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Student Ratio
Year 1 2007-2008	K-5	280	# Teachers <u>12</u> # Inst. Aides <u>3</u>	24
Year 2 2008-2009	K-6	328	# Teachers <u>14</u> # Inst. Aides <u>3</u>	24
Year 3 2009-2010	K-7	376	# Teachers <u>16</u> # Inst. Aides <u>4</u>	24
Year 4 2010-2011	K-8	424	# Teachers <u>18</u> # Inst. Aides <u>4</u>	24


Signature (Charter School Applicant Representative)

7/14/6

Date

Charter School Application WITH a Planning Year

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

Regional Charter School for Social Justice and Equality

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County: Passaic County
District of Residence: N/A

NOTE: If planning to serve a **region of residence**, identify the contiguous districts that comprise the region.

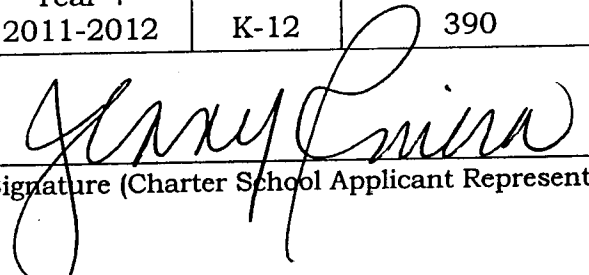
Districts in Region of Residence: Passaic City, Clifton City and Paterson City in the County of Passaic

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name: Jenny Rivera, School Applicant Representative
Address: 27 Home Place
City: Lodi State: New Jersey Zip: 07644
Telephone (1) 973-253-0042 Fax: 973-253-0042
Telephone (2) 201-450-7718 Email: jrsocialworker@aim.com

CHARTER SCHOOL INFORMATION

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher-to-Student Ratio
Year 1 2008-2009	K-12	240	# Teachers 21 # Inst. Aides -0-	1:15
Year 2 2009-2010	K-12	390	# Teachers 26 # Inst. Aides -0-	1:15
Year 3 2010-2011	K-12	390	# Teachers 26 # Inst. Aides -0-	1:15
Year 4 2011-2012	K-12	390	# Teachers 26 # Inst. Aides -0-	1:15


Signature (Charter School Applicant Representative)

6/30/06
Date

2006 NEW JERSEY CHARTER SCHOOL APPLICATION
DUE JULY 17, 2006

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Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

WORLD LANGUAGES & TECH CHARTER HIGH SCHOOL (WLT)

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County: PASSAIC

District of Residence: CITY OF PATERSON

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of Residence: N/A

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name: Zoran Korach, Ph.D.

Address: 42 E 11th Street

City: Clifton

State: NJ

Zip: 07011

Telephone: 973-340-0144

Fax: 973-340-0144

Email: drzkorac@hotmail.com

CHARTER SCHOOL INFORMATION

☐ Check box if requesting a planning year during the 2007-2008 school year.
List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Student Ratio
Year 1 2007-2008	9,10	160	# Teachers 12 # Inst. Aides	1:14
Year 2 2008-2009	9,10,11	240	# Teachers 14 # Inst. Aides	1:17
Year 3 2009-2010	9,10,11,12	320	# Teachers 18 # Inst. Aides	1:18
Year 4 2010-2011	9,10,11,12	320	# Teachers 20 # Inst. Aides	1:16

Zoran Korach, Ph.D.
Signature (Charter School Applicant Representative)

Date: 07/14/2006

Charter School Application WITHOUT a Planning Year

2006 APPLICATION SUMMARY

The information contained in this summary will provide the New Jersey State Department of Education with basic information needed to review the application as well as an overview of the proposal for a charter school.

UNION SCIENCE ACADEMY CHARTER SCHOOL

Complete Proper Name of Charter School

(Include the words Charter School in the title. Do not include the name or identification of any private entity.)

LOCATION OF CHARTER SCHOOL

County UNION

District of Residence ELIZABETH

NOTE: If planning to serve a region of residence, identify the contiguous districts that comprise the region.

Districts in Region of
Residence N/A

CHARTER SCHOOL APPLICANT REPRESENTATIVE

Full Name: Dr. Fatih Oncul

Address: 41 Stone Avenue unit 1

City Elmwood Park

State NJ Zip 07607

Telephone (1) 201-637 6946

Fax: (908) 248 0758


Telephone (2) (201) 796 2605

Email: foncul@fdu.edu

CHARTER SCHOOL INFORMATION

☐ Check box if requesting a planning year during the 2007-2008 school year.
List information below for the school years that the charter school will be serving students.

Operational Year	Grade Levels Served	Projected Enrollment (TOTAL)	Teachers and Instructional Aides	Classroom Teacher -to-Student Ratio
Year 1 2007-2008	K-5	360	# Teachers <u>25</u> # Inst. Aides <u>10</u>	1:20
Year 2 2008-2009	K-6	420	# Teachers <u>29</u> # Inst. Aides <u>11</u>	1:20
Year 3 2009-2010	K-7	480	# Teachers <u>33</u> # Inst. Aides <u>12</u>	1:20
Year 4 2010-2011	K-8	540	# Teachers <u>38</u> # Inst. Aides <u>13</u>	1:20


Signature (Charter School Applicant Representative)

07/17/06
Date